

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on July 30, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Codes 97014, 97265, 97124, 97035, 99214-MP, and 97250 for dates of service 08/23/02 through 09/23/02.

II. FINDINGS

The Respondent submitted an EOB dated 8/12/03 showing payment had been made for CPT Codes 97014, 97124, 97035, 99214-MP, and 97250; therefore, these disputed issues for dates of service 08/23/02 through 09/23/02 will not be reviewed.

III. RATIONALE

- CPT Code 97265 for dates of service 08/23/02, 09/16/02 and 09/20/02 were denied as “936 – This code is not covered, invalid or has been deleted from the Utah Workers’ Compensation Fee Schedule” as noted on the EOB dated 01/11/03; the EOB dated 8/12/03 did not have a denial code listed for this CPT code. The insurance carrier incorrectly denied this CPT code; per the 1996 Medical Fee Guideline (Texas), Medicine Ground Rule (I)(A)(9)(c) and (C)(3) reimbursement in the amount of \$129.00 is recommended (\$43.00 x 3).

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 97265 in the amount of \$129.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$129.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 24th day of March 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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